



**APPLICATION FOR FLORIDA BIRTH RECORD**  
**FLORIDA DEPARTMENT OF HEALTH ST JOHNS COUNTY**  
**OFFICE OF VITAL STATISTICS**  
 1955 U.S. 1 SOUTH, SUITE 100  
 ST. AUGUSTINE, FL 32086  
 904-825-5055 EXT 1001

**Requirement for ordering:** If applicant is self, parent, guardian, or legal representative, then the applicant must complete this application and provide valid photo identification; if a mail request, a copy of the valid photo identification, front and back, must be provided. **Acceptable forms of identification** are: Driver's License, State Identification Card, Passport, and/or military Identification Card. If applicant is not one of the above, the Affidavit to Release a Birth Certificate must be completed by an authorized person and submitted in addition to this application.

CHILD'S FULL NAME AS SHOWN ON BIRTH RECORD	FIRST	MIDDLE	LAST	SUFFIX
IF NAME WAS CHANGED SINCE BIRTH, INDICATE NEW NAME	FIRST	MIDDLE	LAST	SUFFIX
DATE OF BIRTH	MONTH	DAY	YEAR (4-DIGIT)	STATE FILE NUMBER (If known)      SEX
PLACE OF BIRTH	HOSPITAL		CITY OR TOWN	COUNTY
MOTHER'S MAIDEN NAME	FIRST	MIDDLE	LAST	SUFFIX
FATHER'S NAME	FIRST	MIDDLE	LAST	SUFFIX

**APPLICANT (adult requesting certificate) INFORMATION**

*Any person who willfully and knowingly provides any false information on a certificate, record or report required by Chapter 382, Florida Statutes, or on any application or affidavit, or who obtains confidential information from any Vital Record under false or fraudulent purposes, commits a felony of the third degree, punishable as provided in Chapter 775, Florida Statutes.*

Applicant's Name TYPE OR PRINT	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)
MAILING ADDRESS (INCLUDE APT. NO., IF APPLICABLE)		CITY	STATE      ZIP CODE
HOME PHONE NUMBER (    )	RELATIONSHIP TO REGISTRANT		SIGNATURE OF APPLICANT
WORK PHONE NUMBER (    )			
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO.		IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT	

**METHOD OF PAYMENT: CASH, VISA, MASTERCARD**

**NO PERSONAL CHECKS**

Number of Florida Birth Certifications Ordered \_\_\_\_\_ @ \$15.00 each      \$\_\_\_\_\_

Any order faxed to Vital Statistics is subject to \$10.00 expedite fee      \$\_\_\_\_\_

A Convenience Fee of \$6.25 may be added by the Tax Collector office      \$\_\_\_\_\_

**TOTAL AMOUNT DUE:**      \$\_\_\_\_\_

**OFFICE USE ONLY**

ID # _____	EXP DATE: _____
Audit Control#: _____	AFS#: _____ INITIALS: _____

# INFORMATION AND INSTRUCTIONS FOR BIRTH RECORD APPLICATION

**COMPUTER CERTIFICATION:** computer certifications are accepted by all state and federal agencies and used for any type of travel.

A computer certification has two different formats:

1. A certification of a registered birth (2004 to present), supplies the following facts of birth: Child's Name, Date of Birth, Sex, Time, Weight, Place of Birth (City, County and Location) and Parents' Information.
2. A certification of a registered birth (1930 to 2003), supplies the following facts of birth: Child's Name, Date of Birth, Sex, County of Birth and Parents' Name.

**AVAILABILITY:** Birth registration was not required by state law until 1917, but there are some records on file dating back to 1865.

**ELIGIBILITY:** Birth certificates can be issued only to:

1. Registrant (the child named on the record) if of legal age (18)
2. Parent(s) listed on the Birth Record
3. Legal guardian (must provide guardianship papers)
4. Legal representative of one of the above persons
5. Other person(s) by court order (must provide recorded or certified copy of court order)

In the case of a deceased registrant, upon receipt of the death certificate of the decedent, a certification of the birth certificate can be issued to the spouse, child, grandchild, sibling, if of legal age, or to the legal representative of any of these persons as well as to the parent.

Any person of legal age may be issued a certified copy of a birth record (except for those birth records under seal) for a birth event that occurred over 100 years ago.

**BIRTH RECORDS UNDER SEAL:** Birth records under seal by reason of adoption, paternity determination or court order cannot be ordered in the usual manner. For a record under seal, write to:

BUREAU OF VITAL STATISTICS  
ATTN: Records Amendment Section  
P.O. BOX 210  
Jacksonville, FL 32231-0042

**REQUIREMENT FOR ORDERING:** If applicant is self, parent, legal guardian or legal representative, the applicant must provide a completed application along with valid photo identification. If a mail request, a copy of the valid photo identification, front and back, must be provided. If legal guardian, a copy of the appointment orders must be included with the request. If legal representative, the attorney bar number, and a notation of whom the attorney represents and that person's relationship to the registrant must be included with your request. If you are an agent of local, state or federal agency requesting a record, indicate in the space provided for "relationship" the name of the agency. Acceptable forms of identification are the following: Driver's License, State Identification Card, Passport and/or Military Identification Card.

If not one of the above, you must complete this application and have a notarized Affidavit to Release A Birth Certificate (DH 1958, 2/03) submitted with your application for the birth record along with a copy of the *registrant's* valid photo identification as well as the *applicant's* valid photo identification.

**RELATIONSHIP TO REGISTRANT:** A person ordering his or her own certificate should enter "SELF" in this space. Also, explain if name has been changed; married name, name changed legally (when and where), etc. Others must identify themselves clearly as eligible (see ELIGIBILITY above).

**NONREFUNDABLE:** Vital record fees are nonrefundable.

**APPLICANT'S SIGNATURE:** Is required, as well as his/her printed name, residence address and telephone number.

## UNIQUE COUNTY INFORMATION

**RUSH ORDER:** Fax this completed application form, valid picture identification (enlarged 200% and lightened) and credit card authorization forms to 904-823-4062. Your order will be expedited if all information is correct and can clearly be read.

**MAILING ADDRESS:** St. Johns County Health Department  
1955 U.S. 1 South, Suite 100  
St. Augustine, FL 32086  
904-825-5055 ext 1001

Please visit our County website @ [www.stjohnschd.org](http://www.stjohnschd.org)

**PLEASE VISIT THE BUREAU OF VITAL STATISTICS WEBSITE**  
<http://www.floridahealth.gov>